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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR		CLKIN	ICAIL OI DEATH	REG. NO).		-
I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
PETER	MANSON	AND	REWS	9 2	11 8	20	JAM
3 SEX 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS	IF UNDER 24 HRS
Male	Caucasian	Feb.		75	YRS	Datis	Mile
70. BIRTHPLACE ISTATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DI	EATH	
Virginia	U.S.A.	WIDOWE		Charles			MD
10. CITY OR TOWN OF DEATH	1 NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPATION		KIND OF	BUSINESS OR
LaPlata F			al Hospital	Superviso			hone,
USUAL RESIDENCE (IF MURSING HOME OR O 13a STATE 13b COUNT Md. Charl	Y 113c CITY OR TOW	N	136 INSIDE CITY LIMITS? YES NO	Rt. 3, Bo	x 230		Co.
14 FATHER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
John Wesla		S	Caroline	Rebecca	I	nman	
160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W	ted Forces? 166 SOCIAL SECU 212-10-1		James L. Wi	ADDRES 13	_	pdMA	n Rd.
18. CAUSE OF DEATH (Enter only PART), DEATH WAS CAUSED IMMEDIATE		ice	V 02 3	ung	- 7	2	40
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	0	0		T or	
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF					
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN	PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 📉	20b. IF YES, WER IN CERTIFYING YES		
an course municipal Course of the course	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OF	RPART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	711 LOCATION STREET	CITY OR TOW	N CO	IUNTY	STATE

220.1 certify that (I) (this hospital) attended the deceased from

DEGREE

MEDICAL STAFF

22c DATE SIGNED 9-21-80

EDELEN M.D. 22e ADDRESS

LA PLATA, MARYLAND 20646

730 BURIAL, CREMATION, REMOVAL 9-24-80 Burial

23¢ NAME OF CEMETERY OR CREMATORY Trinity Memorial

Gar. Waldorf

Chas.

Md.

24 FUNERAL DIRECTOR

FUNERAL HOME, WALDURF, MD. 20601

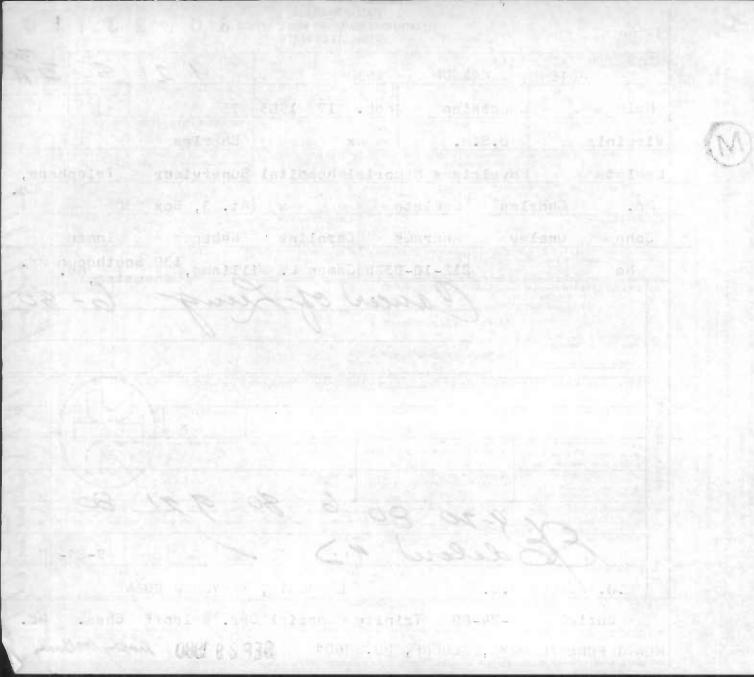
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, marked or Hem 18 shows an

MPORTANT: If Hem 21 is

TO HOSPITAL OR ATTENDING PHYSICIAN. The Io

etained by the haspital ar



completely filled in by the funeral 1 and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

njury, or other troumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shows any

NALLAN

230 BURIAL, CREMATION, REMOVAL BURIAL

RAMAKRISHNA

Thornton Fineral Home

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST	MIDOLE	- LAS	51	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
LOTTIE	Mary	C	OOPER	SEPTEMBER	28. 80	6:45PM
3. SEX	4 RACE	5 DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHOAY	MONTHS DAY	
FEMALE	Negro	Augus	700	6 74	YRS	S HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
Maryland	U.S.A.	WIDOWED		CHARLES		MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OF		12a USUAL OCCUPATION		OF BUSINESS OR
LA PLATA	PHYSICIANS ME	MORIA	HOSPTTAL	Retired		ermment
120 STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 131 CITY OR TOV Ples Newburg	VN I	34 INSIDE CITY LIMITS? YES NO 🍱	Route 1 Box	67B	
14 FATHER'S NAME	MIODLE LAST		5 MOTHER'S MAIDEN N	AME		LAST
Briscoe	Meridit	th	Mary	wibots	Green	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	URITY NO.	17 INFORMANT	ADDRERO	ute 1 B	ox 67B
NO (IF YES, G	217-30-	-0477	M James Wa	ashington Ne	wburg.	Maryland
Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQU	JEW) I	CEREBRA	TES MERCITO	wi	
	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART	1 a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		b. IF YES, WERE FINI I CERTIFYING CAUS YES [
00.00.00.00.00.00		AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	()
OR CONTRIBUTING CAUSE OF COLOR CALLED AMINI 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive of	pital) attended the deceased from an 1/25/19 nat) view the bady after death.	9 PU , ond	that in (my) (our) opiniar	ta 4- 25 n death occurred an the date o	and hour and from the	he causes stated
22b SIGNATURE	acutus	Di	EGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9	127/N
22d. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS			

BP.

OR ATTENDING PHYSICIAN: The low

HOSPITAL

retained by the hospital ar attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

23b. DATE Oct. 1980 St.

230 NAME OF CEMETERY OR CREMATORY Joseph

WALDORF

COUNTY Charles

ORF. MAR
23d LOCATION
CITYOR TOWN
Pomfret Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Pomonkey, Md.

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	1-	STATE REGISTRAR		DEPARIMI		CATE OF D	EATH	REG NO))	. 0		60
		EASED NAME FIRST	Mae	AIDDLE	L/	157	-	2ª DATE OF DEATH	MONTH	DAY YEAR	2b HO	OUR a
	1,,,,,	MINNTE	M.	DAWSO	M			September	- 13	1980	112	· 02 M
-	3 SEX		4 RACE		5 DATE O			AGE (IN YEARS LAST BIRT		IF UNDER I YEA	R IF UND	ER 24 HRS
		Female.	Cauca	sian	HINOM	DAY	1890	90	YRS	MONTHS DAY	HOURS	MIN
-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	arch			BALTIMORE CITY O		Y OF DEATH	-	1
1		2053S	U.S	Δ	MARRIED	NEVER A	ORCED					
		TY OR TOWN OF DEATH		OSPITAL, NURSING			The state of the s	Charles 120 USUAL OCCUPATE	ON	12h KIND	OF BUSIN	MD NESS OR
	-	7) 7	LIE NOT IN SUC	H FACILITY, GIVE STREET AD	ODRESS)			CIETK	F WORKING LI	INDUSTE	Gny	11+
		A Plata	Physic	ians Mem	Oriz	1 Hos	pital	-2021				
2	13e S	sh. D.C.	UNIY	Washing	. 1	134 INSIDE CI	TY LIMITS?	3972 2nd	. St	reet,	S.L	J.
	14 FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	MIDDLE MIDDLE			AST	
f		William	MDULE	Mock			Emma	MUULE		Whetst		
Ī	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	TY NO	17 INFORMA	NT	ADDRE		-		
		NO DE UNENOWN	NE WAR OR DATES	578-38-	7477	W111	iam D.	Dawson	t.#1	Вох	423	
		18 CAUSE OF DEATH (Enter	anly one cause per						HT be	1 WA	XIMENTER NONSET AN	ERVAL LIN
		PART I DEATH WAS CAUS	SED BY	Lung		de	un			7	la	6
		LLC/ IMMEDI	ATE CAUSE (a)	8						1	1	-
	7	786	DUE TO, OI	R AS A CONSEQUEN	ICE OF	oni	~			20	La	car
	11	Canditians, if any, which gave rise to immediate) (b)	pre								
		cause (a), stating the underlying cause last	DUE TO, OI	R AS A CONSEQUEN	ICE OF							
		PART 2 OTHER SIGNIFICANT	(0)	ANTENDITING TO DE	ATLA BLIT	NOT BELATED	TO THE TERM	NAL DISEASE OR COM	DITIONICE	VENT INT DADT	1/	
	Z	AP AL AL	A last	ntia	AIN BUI			Le least				
	ATK	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH C	PERATION			20a AUTOPSY?		S. WERE FINE		ED
	CERTIFICATION	M/A	1,000,00	-n/1		· · · AJ · c · · · O	W. C.		IN CERTI	FYING CAUS	ES OF DE	ATH?
	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME O			21r HOW IN	ILIPY OCCUPE	YES NO			//_NO	Ų .
ř	- 1	OR CONTRIBUTING CAUSE OF C	EATH HOUR A.	M. MONTH DAY		711 110 11 11	m 16		T RY IIEM TO.	PART CORPORT 2		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	10 CATIC						
	MED	214 INJURY OCCURRED WHILE NOT WHILE D	218 PLACE (LAT HOME, STR	DE INJURY EET, FACTORY, OFFICE, FAR	IM, ETC)	211 LOCATIO	-11	CITY OR TOV	VN	COUNTY		STATE
		220 Certify that (1) (this has	pital) attended the	e deceased from	81	23	19 98		13	19 50	, that (1)	(we) fast
		sow the deceased alive a above, (1) (we) (did) (did)	9/12	19 8	o on	d that in (my)	(our) opinion d	leath occurred on the do	ote and has	ur and from th	ie couses s	stated
1		2/4 3 GHASURE	nati view the bady	arier death.	[DEGREE				22¢ DA	E SIGNE	D
		Chules	weeke	It mo			TTENDING PHYSICIAN	MEDICAL STAT		9/1	3/8	0
-		171 PHYSICIAN'S NAME ITYPE	OR PRINT)			*				2		281
		Paul Pri	tchott	Mn		6/2 C	HARCO	es 57 c	AF	CATA	mo	069
		101111	L. C. 11 Part 1	11 . 17 .		2						

TO FUNERAL DIRECTOR: After this certificate has been signi should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to bu

IMPORTANT: If Item 21 is marked or Item 18

DHMH-16 25M (VRA 15, 4) 1/79

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 9-17-80

Caldwell Cemetery Caldwell Canada Sachature 231 NAME OF CEMETERY OR CREMATORY

BLATE

74 FUNERAL DIRECTOR

NAME
Huntt Funeral Home, Waldorf, Maryland

description of the state of the		Lastquos	Introda)		YAT.	Tema Corecia La Plate Son. D.C.
W.S. Borolt . Caseout, B.L. lttncone mt. It Box 483 mtte stringe, Md		Lastquo45,	Introde)	f nactors	¥41	es Piete
endendel endendel endendel entendende entendendende		enna en Fitte	norm			.a.h .aa
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STATE OF THE STATE				-4-1276-3		
		-12000				
and the same	-					

Assertable 1 Total Tri description of the Cartagoria and Landon Admin

within 24 hours

	STATE OF MARYLAN
OR	DEPARTMENT OF HEALTH AND MI

ND ENTAL HYGIENE

3

REGISTRAR		CERTIFICATE OF DEATH	REG NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Mary 2	Zelda Gragan		September 25,	1980 7:20 P _M
Female	Caucasian	S DATE OF BIRTH MONTH GAY YEAR 10 27 42	6. AGE (IN YEARS LAST BIRTHDAY) 38 YRS.	IF UNDER 1 YEAR IF UNDER 74 HRS
BIRTHPLACE STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY?	MARRIED AVEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
La Plata	11. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET A PhySicians Mei	G HOME OR OTHER INSTITUTION ADDRESS). Morial Hospital	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Beautician	IZE KIND OF BUSINESS OR INDUSTRY Beauty Shop
136 500	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS? 72 YES NO	13. STREET ADDRESS Box 753	meaury snop
4 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDGLE	EAST
	terlee Garner	Lelia	Blanche Posey	
(YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SECUI	RITY NO 17 INFORMANT	ADDRESS	
No	213-42	-8052 Francis	A. Gragan sam	e_as#13
PART I DEATH WAS CAUS IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ral arrest	in U fach' we to Germ, bon	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH A NEXT - B MC2,
	DUE TO, OR AS A CONSEQUE (c) A CONDITIONS CONTRIBUTING TO D	Caram of 1	Ment.	4 Glassiven in part 110
ZO IN DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTION C CAUSE OF OF	EATH HOUR AM. MONTH DA		URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
(IF EITHER, NOTHY MEDICAL EXAMINED 214 IN JURY OCCURRED WHILE NOTWHILE AT WORK	218 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive o	orial) attended the deceosed from 19 5	DEGREE ATTENDING		our and from the causes stated 22c DATE SIGNED
126 PHYSICIAN'S NAME (TYPE	OR PRINT) "	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	16 4612100
Arthur O. Wo			Md, 20646	
23a. BURIAL, CREMATION, REMOVA (SPECIFY)	L 23b DATE 23c N	AME OF CEMETERY OR CREMATOR	Y 236. LOCATION CITY OR TOWN	COUNTY STATE
Rurial	9/27/80 M	+ Rest Cemete	ry La Plata C	harles Md.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this ceruficate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician.

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR

ADDRESS

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Arehart Funeral Home La Plata, Md

September 25, 3550 : ::11 1			A Service	tal.
		out out	Списан	
Charles				
		class Venorini		La Place
				nova
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SI I the contract of the contr	ues emel da		1375 1	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0 2 3 4 1 4
	I DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	Eff1		Hammack	September 20, 1980 11:00
	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS ME
once	Female	Caucasian	October 22 1	
and and	78 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COUNTY OF DEATH
25.5	Maryland	U.S.A.	WIDOWED V DIVORCED	Charles
9/	LaPlata	(IF NOT IN SUCH FACILITY, GIVE STREE	ing home of other institution in Address) Memorial Hosp	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
E .	USUAL RESIDENCE (IF NURSING HO	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	
ner		harles Marbu		S? 130 STREET ADDRESS
carfui	Maryland C	Harres Harra	IS MOTHER'S MAIDEN	NAME
6 Galleria	Jabez	Wright Wright	Mar	
the me	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	-7363 Mr. Wilf	red Route #2. Bex 31, Indian
ny injury, or		NI CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	
and	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
18 shows ar	190 DATE OF OPERATION			YES NO XX NO CERTIFYING CAUSES OF DEATH?
tem 18 shows ar	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1216 HOW INJURY OC	IN CERTIFYING CAUSES OF DEATH?
or Item 18 shows ar	CAUSE O CAUSE OF THE CAUSE OF	216, TIME OF INJURY FORATH HOUR A.M. MONTH D	DAY YEAR	YES NO X YES NO NO
marked or Item 18 shows ar	OR CONTRIBUTING CAUSE O	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 19 211 LOCATION	YES NO XX NO CERTIFYING CAUSES OF DEATH?
em 21 is marked or Item 18 shows ar	OR CONTRIBUTING CAUSE OF USE O	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, cospital) attended the deceased from	DAY YEAR 19 211 LOCATION STREET 19 201 LOCATION STREET 19 201 LOCATION STREET	VES NO X IN CERTIFYING CAUSES OF DEATH? YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE To 19 5 that (1) (we)
NNT: If Item 21 is marked or Item 18 shows an	OR CONTRIBUTING CAUSE OF SETHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify the 11 this h Sow the deceased clivicabove (1) we (did) di 22b SIGNATURE	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, aspital) attended the deceased from, e on 9 19 19 19 19 19 19 19 19 19 19 19 19 1	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION Ond that in myl(our) opi DEGREE ATTENDIN PHYSICIA	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 19 10 120 121 121 121 121 1
RTANT: If Item 21 is marked or Item 18 shows an	OF CONTRIBUTING CAUSE OF THE PROPERTY OF THE P	216. TIME OF INJURY FOEATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, cospital) attended the deceased from e on 19 d d not) view the body after death.	DAY YEAR 19 211 LOCATION STREET 19 20 ond that in myl(our) opi DEGREE ATTENDIN PHYSICIA 226 ADDRESS	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 19 120 DATE SIGNED 19 121 121 121 121 121 121 121
IPORTANT: If Item 21 is marked or Item 18 shows an	OF CONTRIBUTING CAUSE OF THE PROPERTY OF THE P	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, aspital) attended the deceased from, e on 9 19 19 19 19 19 19 19 19 19 19 19 19 1	DAY YEAR 19 211 LOCATION STREET 19 20 ond that in myl(our) opi DEGREE ATTENDIN PHYSICIA 226 ADDRESS	VES NO X IN CERTIFYING CAUSES OF DEATH? YES NO CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 19 10 that (II) (we) Inian death occurred an the date and have and from the causes stated 27c DATE SIGNED
IMPORTANT: If Item 21 is marked or Item 18 shows an	OF CONTRIBUTING CAUSE OF THE PROPERTY OF THE P	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, cospital) attended the deceased from, e on 4-19 d not) view the body after death. THE OR PRINT! Burke, M.D.	DAY YEAR 19 211 LOCATION STREET 19 20 ond that in myl(our) opi DEGREE ATTENDIN PHYSICIA 226 ADDRESS	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 10 19 10 10 10 10 10 10 10
	OR CONTRIBUTING CAUSE OF SETHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY HOUSE AT WORK 22d I certify the CIL this has now the deceased olived base (II) we fidded in the contribution of the c	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, aspital) attended the deceased from, e on 4-19 d not) view the body after death. PRORPHITI Burke, M.D. VAL 23b DATE 73c.	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 DEGREE ATTENDIN PHYSICIA 212 ADDRESS LaPla NAME OF CEMETERY OR CREMATO Trinity Memori	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 10 9 9 1, that (1) (we) nian death occurred an the date and haur and from the causes stated IN DIRECTOR PHYSICIAN 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

Funeral Home, Inc. - La Plata, Md.

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	bnelvve" .s	on Ton.	orte, M.W.	
	bnelvve" .s		orks, M.T.	

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

		REGISTRAR			CERTIF	ICATE OF DEATH	REG NO	0			
		CEASED NAME FIRST	-	ard /	AWTI	HORNE-	SEPTEMENT	MONTH DAY	YEAR 80	2: 591	4
	3. SEX	ale	4 RACE Whit	ce .	5 DATE OF MONTH	OAY O YEAR	6 AGE (IN YEARS LAST BIRT	YRS	DER I YEAR	IF UNDER 24 HRS	
3	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) alifornia	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		AD.
)		ry or town of DEATH La Plata	(IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A Vashingt	ADDRESS]	venue	170 USUAL OCCUPATE LITYPE OF WORK FOR MOST O EXECUITIV	F WORKING LIFET IN	NOUSTRY Gari	ment.	R
5	13a S		arles	13c CITY OR TOW!		134 INSIDE CITY LIMITS?	13. STREET ADDRESS 506 V	Washing	ton	Avenu	e
C	14 FA	THER'S NAME FIRST LOWELL Tho	MIDDLE OMas Ha	wthorne		15. MOTHER'S MAIDEN NAI FIRST Laura		Jorge	LAST		
		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 089-05-2			06 Wash TR L. Hawthor	ston Av	e.,L		ta,
	No	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ital							_		
2	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING			
1	MEDICAL CERT	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	1 44.		OR PART 2)		
	MED	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN C	OUNTY	STATE	
		226 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did see 226. SIGN 12.22 224 PHYSICIAN'S NAME (1786)	P BRINT)	offer geoth 19	100	12* ADDRESS	MEDICAL STAF	ote and hour and			- -
	{5	urial, cremation, removal pecky) emation			dar l	EMETERY OR CREMATORY Hill Cremato	23d LOCATION CHYORIOWN Dry Suit]	Land Pr	ince	STATE Geo.	Md

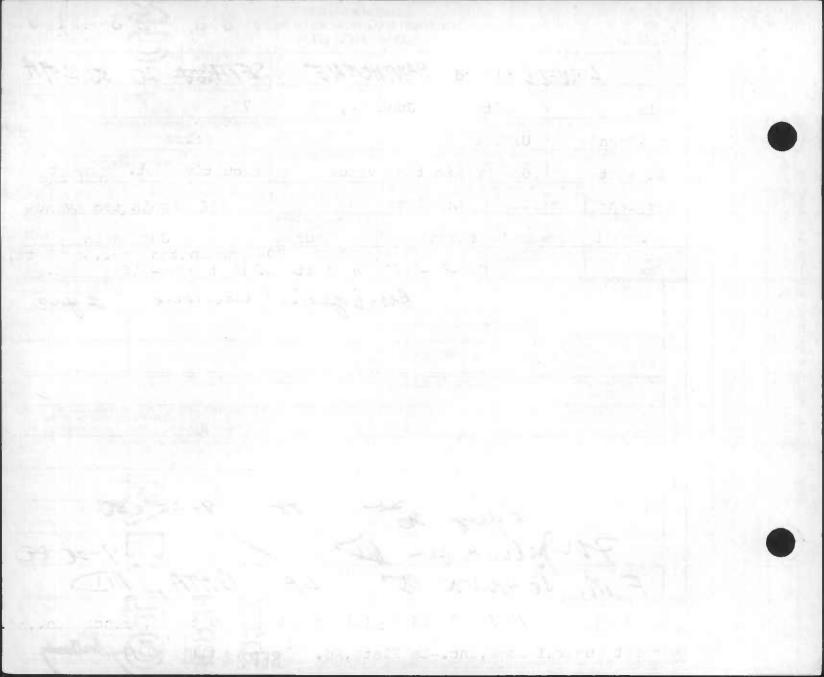
DHMH-16 20M (VRA 15, 4) 7/78

should be detached for use as TO FUNERAL DIRECTOR

IMPORTANT # he

m 18 sh

9/22/1980 Cedar Hill Crematory Suitland Prince (
750 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE Arehart Funeral Home, Inc.-La Plata, Md.



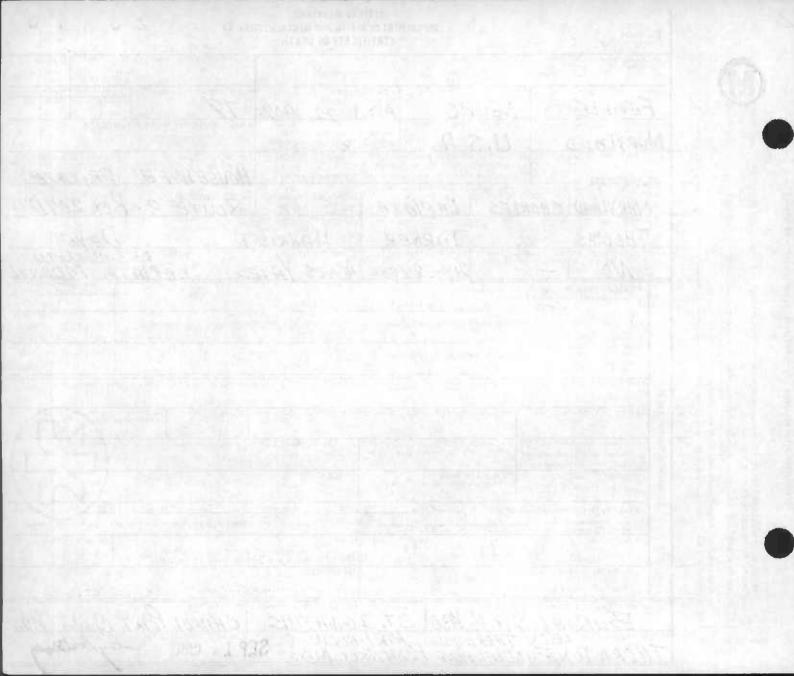
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer certificate retained by the hospital or attending physician.	ned by the ottending physician and completely filled in by the functal direction and propers. Pages 1 and 2 should be filed within 7 hours little control, cremation, or removal.	, or other traumatic event, the medical examiner/must be notified of once.
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be eretained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furrian alternal arrange should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed writen 7 from titling with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner/must be nelified at ance.

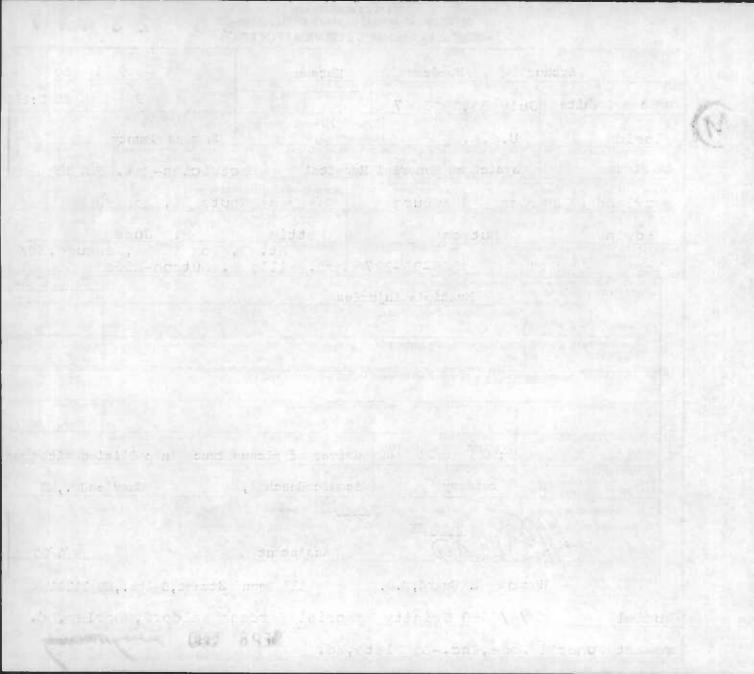
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE 8	0	2	3	400	
		REG. N	40			
LAST	2ª DATE	OFDEATH	MONTH	DAY	YEAR	2h HO

10	1-	STATE REGISTRAR			DEPAR	CERTIF	ICATE OF DEA	ATH	REG.	NO			
		CEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	26 HOUR
	(1100	OR PRINT)	DORA		C.	H	ICKS			9 -	12- 8	30	10:18am
	3 SE>		4.	RACE	- 1-1-4	5 DATE C			6 AGE (IN YEARS LAST	IRTHDAY)	IF UNDER	-	IF UNDER 24 HR
	1	EMALE		NEGI	RA	APRI	1 22	1402	78	YRS	MONTHS	DAYS	HOURS MIN
1	7a BII	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	- DAISVED WA		9 BALTIMORE CITY	OR COUN	TY OF DEA	TH	
5	M	ARYIANI		11.5	. A.	WIDOWE	D NEVER MAI	RCED T	CHAR	LES			MD
	10. CT	TY OR TOWN OF DEA	TH 1			SING HOME C	OR OTHER INSTITU		12a USUAL OCCUPA				BUSINESSOR
2	~	A DIAMA			HEACILITY, GIVE STR		HOSPITA	т.	HALLS FU	IFE		PIN	ATE
	ÚSÚŽ			THER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)			TOUSE TO		2		
G	13a. S	MAR YLAND	CHAR	LES	LAP!	ATA	13d INSIDE CITY	OM	KOUTE	3.	BOX	(2	070
12	14. FA	THER'S NAME	1644	ODLE			15 MOTHER'S M		NE MIDDLE		0	1.457	
XC		THOMAS	74.16	JULE .	TIJRA	ER	HA	RRIE	7		DA	7 YE	=
17		VAS DECEASED EVER	IN U.S. ARMI		166 SOCIAL SE	CURITY NO.	17 INFORMANT	1/	ADD	RESS P.	1.3 %	OX	2070
1	(1	NO	(IF tes, Sive w	AN ON DATES	218-38	8280	AGNES	YATE	=5 6	APIN	TH,	14	10.2446
		18. CAUSE OF DEATI	H Enter only	one cause per	line for (a), (b),	and (cl)					BE	APPROXIM	MATE INTERVAL
		PART I. DEATH W		BY	/ .1	iac a	west-						
		581 -	MANEDIATE		R AS A CONSEC	NIENCE OF							
		Conditions, if ony,	which	6b)	Re	Mal	Loulu	ire.					
	-	gove rise to imn)	2 16 1 6011666	WENCE OF				nur()			
		underlying couse		1	r as a consec	DUENCE OF							
		PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN P	ART 110	
	0												
0	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHI	CH OPERATIO	N WAS PERFORM	\ED	20a AUTOPSY?		ES, WERE		GS USED OF DEATH?
7	TIFIC	000 - 1000							YES NO		YES [MUSES	NO [
à	GER	21a. ACCIDENT WAS UND		216. TIME O		O NEAD	21c. HOW INJU	RY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM T	B, PART 1 OR P.	ART 2)	
7		OR CONTRIBUTING C		HOUR A.	M. MONTH	DAY YEAR							
	MEDICAL	214 INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION		CITY OR	Charles	COUN	.74	STATE
	W	WHILE NOT WE AT WO	HILE	(AT HOME, STE	REET, FACTORY, OFFIC	CE, FARM, ETC.)	SIREET		CITY OR	OWN	COUN	117	STAIL
		22a 1 certify that (I)		1) ottended th	e deceased from	n	n/ a	19.08	10 9-) -	19 ST		hot (I) (we) lost
		sow the decease	ed olive on _	9-1	19	800 01	nd that in (my) (ou	w opinion d	eath accurred on the	date and h	our and fra	om the o	couses stated
	-	22b. SIGNATURE	da (ala nor)	view the body	otter deoth		DEGREE				220.	DATES	SIGNED
		1	() V	1 alt				ENDING PO	MEDICAL S'	AFF			
_		22d. PHYSICIAN'S NA	AME (TYPE OR P	RINT	77		22e ADDRESS	TOICIAIT 2	DIRECTOR THE	, CIAIT [
1		O C D	A IDIT BE	7			Charlo	a Drof	fessional	Blda	Wald	orf	Md
	23 n. P	G.S. R.		23b. DATE	T 23	c NAME OF C		MATORY	123d LOCATION	Diug,	Walu	OLL	
	(5	SPECIFIED IIR	121	Sect. 11	1980	ST	TCAIAT	1115	CHADE	1 Pass	17 A	hal	STATE (MI)
	24. FU	JNERAL DIRECTOR	1= NAI	FUND	Wind !	POI	-KoullE	250 DATE	REC'D BY REGISTRA	R 25b REGI	STRAR'S SI	IGNATU	URE
	7	HODN'TO	AT EU	NEDAL	LENES -	SMONI	VEY INI	S	EP 1 (198		optry	Ma	Cogody
		1101110	NYY	WOLTL	11012	0110111	10/1/1/	/					

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.





3	6	FOR STATE REGISTRAR	2 3 4 1 8			
	(141)	I DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
	2	Char	les Rosecran	Johnson	9	14 1980 12:45
	mo Tier o	3 SEX	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS P
	ecto yrs of	male	Cau.	02 15 23	57 YRS.	
0	nerol dir	Distribution (State or Foreign	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles	Y OF DEATH
	er d	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR
10	by the	La Plata	Physicians Me	morial Hospita	l Driver Grave	el Company
AND 212	filled in filled in falled	13a STATE 131 COU	or other institution, give residence before INTY 13c. CITY OR TOWN arles Waldor	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 2021 Wedgewoo	od Place Apt.8
MARYL	ompletely and 2 st exomine		Johnson	15 MOTHER'S MAIDEN N	i e	Hall (AST
I I MORE,	be execution and co		RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 578-18-	8379 Phyllis M	cCammonPrince	
ST., BAL	physicis emovol event, the	PART I. DEATH WAS CAUS	only one cause per line for (o), (b), one ED BY. ATE CAUSE (o) MULTII	OBAR BRONCHOPNEUM	IONTA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON	deoth ce carbino ove carbinon, or r coumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF L CARCINOMA OF TH	E LUNG WITH METAS	STASES
W. PR	that the ease remain oil, cremain other tr		DUE TO, OR AS A CONSEQUE	NCE OF		
. 20	res pour y, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 10

S/P MYOCARDIAL INFARCTION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED TIE PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE August 19 80 Sept 220 Certify that (I) (this hospital) attended the deceased from Sept. IZ sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) New the body ofter death

225 SIGNATURE MU

SEPT. 15, 1980 DIRECTOR | PHYSICIAN X

224 PHYSICIAN'S NAME (TYPE OR PRINT)

CAMERON LITTLE, M. D.

236. DATE

Veterans Administration Medical Center 50 Irving St., N. W., Wash., D. C.

MEDICAL

		CREMATION,	REMOVAL
_	SPECIFY		
	uri	8T	

CERTIFICATION

MEDICAL H

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OJ.

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9-17-80 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.

DEGREE

Arlington.

Virginia SE DITTREG'D NEGISTRAR 256 REGISTRAR'S SIGNATURE

221 DATE SIGNED

Huntt Funeral Home Waldorf, Maryland

BP.

DHMH-16 20M (VRA 15, 4) 7/78 and the same of th

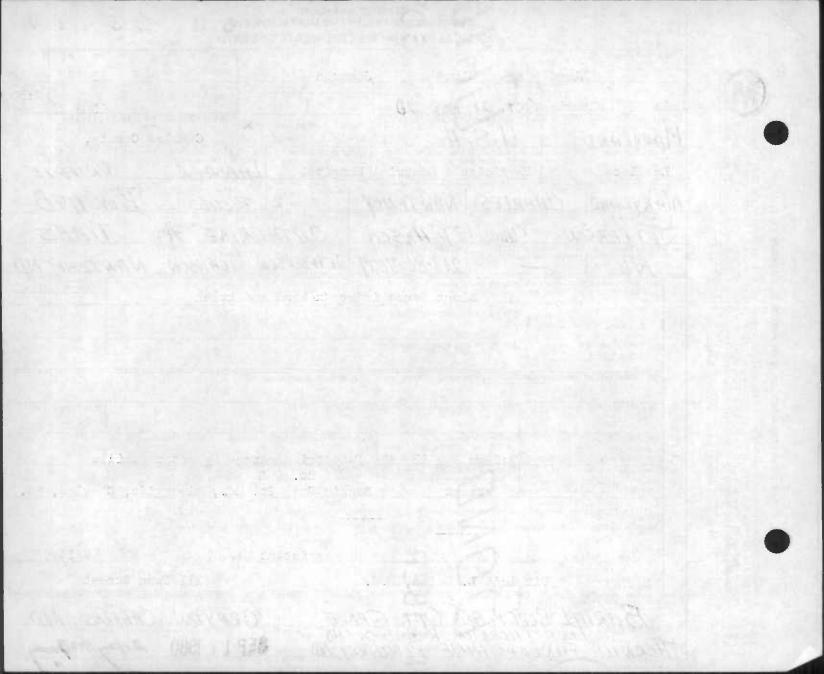
FOR

STATE OF MARYLAND						
DEPART	MENT	OF HEALT	H AND ME	NTAL HYG	IENE	
			CEPTIEIC		-	

2341

REGISTRAR		MEDICAL EXA	MINER'S C	ERTIFICATE	OF DEAT	rH REG.	NO.			
DECEASED NA		MIDDLE	ī	AST	20	DATE KNOWN	X) MON H	DAY YEAR	76 HOUR	
(TYPE OR PRINT)	Tlovel	Flware	Toh	200		OF ESTI-		13 19 80		
SEX	Lloyd 14 RACE	Elroy 15 DATE OF BIRTH 16. AGI	E (IN YEARS IF UNE	DER 1 YR. IF UND		DATE	MONTH	DAY YEAR	2d HOUR	
ale	Black	MONTH DAY YEAR LAST	YRS.	DAYS HOURS		RONOUNCED DEAD	q	13 19 80	9:30	
BIRTHPLACE	(STATE OR	76 CITIZEN OF WHAT COUNTRY?	8 44000	2 D MENER HA	00100 4 9	BALTIMORE CIT	Y OR COUN			
IGN COUNT	PAID	11.5.4	WIDOWE	D NEVER MA	ORCED -	Charl	es Cou	ntv.	WE	
CITY OR YOW	VN OF DEATH	IT NAME OF HOSPITAL, NURSING	HOME, OR OTHE			L OCCUPATION		126 KIND OF BL	JSINESS	
La Pla	to	Physician s Memo		snital	1 POR MC	LADED.		POINDUST	-Tas	
		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		- NIL	OKEN		1000	14	
WARYL	AND 13h. COUN	HARLES NANJ	EMOY	YES NO		oute	B	OX /17	B	
FATHER'S NA	IME	MIDDLE	.10.1	15 MOTHER'S MA	AIDEN NAME	A IT MIDDLE 1		Tibe	-	
JETT	ERSON	SHMUEL JOHI	VSON	CHI	HEKI	NE H	1	1100	0	
YES, NO, OR UNI	(SED EVER IN U.S. AR/	war or dates)	1-7027	JEHEE:	SON J	OANSON	NA	NTEMA	V MI	
JU CALIS	E OF DEATH (Fater on	ly ane cause per line far (a), (b), and (,,,,	APPROXIMATE	E IN ERVAL	
	DEATH WAS CAUSE	Blunt for		rv to head	d and t	runk		BETWEEN ONSE	T AND DEATH	
01	PARTIDEATH WAS CAUSED BY: Blunt force injury to head and trunk O LL 1 O DUE TO, OR AS A CONSEQUENCE OF									
Condi	itians, it ony, which	DOE 10, ON NO N CONSEGU								
	rise to immediate		ENICE OF					-		
	couse lost.	DUE TO, OR AS A CONSEQUI	ENCE OF							
0.487.0.03110	THE CHEST THE COURT OF	(c)	THE TENNING OFFICE	00 (000)						
	EK SIGNIESCANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL UISEASE	OK CONDITION PLASE IS	R PARI I G					
19a DATE	OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WA	AS PERFORMED?				20 AUTOPSY	?	
								YES 🔀	NO 🗆	
21a EXTER	RNAL CAUSE WAS	216 TIME OF INJURY	I 21c. HC	W INJURY OCCU	RRED LENTER NA	ATURE OF INJURY IN ITEA	A 18 PART 1 OR P.		NO []	
UNDEKLY	ING OR	HOUR A.M. MONTH DAY	YEAR							
CONTRIB	UTING CAUSE OF	210 PLACE OF INJURY TATH	19 80 Pe	A STATE A		by moto	r veni	.c re		
		STREET, FACTORY, FARM, ETC.)	51	REET TOL		CITY OR TOWN		YTMUC	STATE	
AT WORK	NOT WHILE	street	Ben	nie Gray	Pt. Ro	l., River	side,	Charles	, Md.	
22a. 1 c	22a. I certify that I taak charge of the remains described above, held on Autopsy 🗶 , Inspection , Inquiry , and in my opinion									
death re	sulted from: Natu	rol causes , Accident ,	Suicide	Homicide		rmined manner],			
ACTUAL	11	8000 a		TITLE (SPECIFY			DATE	9/14	/90	
SIGNATU	RE LACLY	as I work	M.	Assist	AIL MEDIC	CALEXAMINER	SIGN	ED	700	
EXAMINE TYPE OR	R'S NAME TO	Virginia L. Dolan	, M.D.	ADDRESS		111 F	enn St	reet		
BURIAL CRE	ATION REMOVAL	OF IT WAS THE HAME	OF CEMETERY OF	CREMATORY	I I I I I I I	ATRON (dill	02 100	Tin.	
0	UKIHL	SEPTIMBO OF	5 6-80	1110 DA DA	TE BECTO BY	HY ION	CH FO	SIGNATURE	VID.	
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IHORA	11011 FUX	GRACHOME P	OMONRE	1110	991	f t 1900	- Port	7/1/9	monty	

BP_ DHMH 17 (VR A15 ME (5)) 15M 7/76



TTENDING PHYSICIAN The law

retained by the hospital or attending physician

BP

	1	FOR = STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE 8 0 2	3 4 2 0
1	I DE		Beth	KEL	1/5	20 DATE OF DEATH MONTH O	SO OPM
H	3. 56	tem sho	NEC		pt. 2, 1898	6. AGE IN YEARS LAST BIRTHDAY!	IF UNDER LYEAR IF UNDER 24 HRS
or pace.		BIRTHPLACE (STATE OR FOREIGH COUNTRY)	U.S.A		RIED NEVER MARRIED WEDE DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
nowfied		a Plata		HOSPITAL, NURSING HOM CHACILITY GWESTREET ADDRESS! CLAN WEMOT		120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE	12% KIND OF BUSINESS OR INDUSTRY Private
r must be	W.		SATI'es	13NSTOF ENDY	YES NO	Baptist Churc	h Road
examine	14_F	Sami	WIDDLE	Wålls	IS MOTHER'S MAIDEN NA FIRST Eliz	WIDDIE	'ills LAST
medicol			I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212-74-482		leys Nanjemoy,	
other troumotic event,		Conditions, if ony, wh gove rise to immedia couse 101, storing underlying couse lo	DUE TO. Colich (b).2	OR AS A CONSEQUENCE OF	septicamia	3) P.V. D & gangron	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 mmlt
injury, or	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART I(o)
ows ony	TIFICATION	190 DATE OF OPERATION	117	ition for which operated to the land gampen		IN CERTIF	YING CAUSES OF DEATH?
Hem 18 sh	MEDICAL CERTI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE LIFETHER, NOTIFY MEDICAL EX.	E OF DEATH HOUR A	.M. MONTH DAY YEA	AR 9	RED JENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
orked or	MED	WHILE OCCURRED NOT WHILE AT WORK	LAT MOME CT	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
m 21 is mo		22a.1 certify that (I) (this saw the deceased of above, (I) (we) (did) (22b. SIGNATURE	Cilal	19 80	ond that in (my) (our) opinion	deoth occurred on the date and hour	19 512 , that (I) (we) lost rand from the causes stated
T. # #em		OSes	Laclear	>	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/9/80
MPORTANT		P SESHA			505, Charle		10 20801

980 Our Lord Jesus

1 Md

Pomonkey,

23d LOCATION CITY OR TOWN Ironsid

es

Charles

Md.

DHMH-16 20M (VRA 15, 4) 7/78

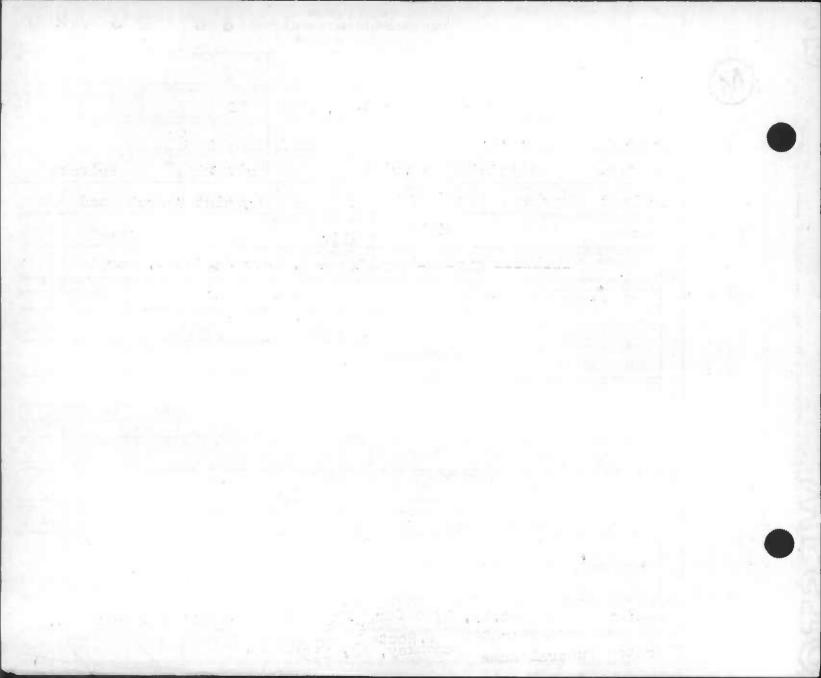
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filled within 72 haw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

230 BURIAL, CREMATION, REMOVAL Burial

Thornton Funer

Funeral

Sept.10,



deoth Poge 4 may be

executed within 24 hours

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

			DEPART	MENT OF H	LALIH AND MENTAL HYG	ENE U U	files W
	1.	STATE REGISTRAR	DEI ANTI	CERTIF	EALTH AND MENTAL HYG		
	1. DE	CEASED NAME FIRST	WIDDLE		AST	REG. NO	
	(TYPE	ORPRINT)	J Day	,	INNN	Septembe	r 29, 1980 5:
	3 SE		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	
		Male	Black	MONT	DAY YEAR 80		YRS. MONTHS DAYS HOURS
	În Bi		LOUNTRY?	8	D NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH
35		Maryland	USA.	WIDOWE		Cha	rles
Į.	0 C	TY OR TOWN OF DEATH	I NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION	
160		LaPlata	Physicians M	emori	al Hospital	(TIPE OF WORK FOR MOST OF	WORKING (IFE) INDOSTRI
90	130 5	JATE _ 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	
B 3	I		arles Nanjemo		YES NO 🔼		ring Rd.
Ame /	14. FA	THERS NAME FIRST A	IDDLE LAST	- 1-0	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST
3	100	Herman 1	Vmn Keys	Jr.	Joyce	Marie	Lynn
dicol		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	ŠŠ
Be							APPROXIMATE INT
or other troun		Conditions, if any, which gove rise to immediate cause at, stating the underlying cause lost	DUE TO, OR AS A CONSEOU		-s later	ele Noe	26.4
× ×	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1 a)
200	0	March 1997					THO IN GIVE IN INVESTIGATION
anlui kuo smi	IFICATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA
em 18 shows ony injur	AL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY	- 1	N WAS PERFORMED	YES NO	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES \(\text{NO}\)
rked or Item 18 shows ony injur	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR		YES NO	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
is marked or Hem 18 shows any injur		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	AY YEAR 19	216. HOW INJURY OCCURR 216. LOCATION STREET , 19	YES NO CENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO Y IN TIEM 18, PART 1 OR PART 2)
n 21 is marked or Item 18 shaws any injut		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. al) ottended the deceased from	AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURR 211. LOCATION STREET , 19 and that in (my) (our) opinion of	YES NO CENTER NATURE OF INJUR	TOB IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO YIN TEM 18, PART 1 OR PART 2) NO COUNTY 19 that (1)
If them 21 is morked or them 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspit saw the deceased glive on.)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. al) ottended the deceased from	AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET , 19 nd that in (my) (our) opinion of DEGREE ATTENDING	YES NO CENTER NATURE OF INJUR	206 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEAYES NO YES NO NO COUNTY 19 that (1) ste and hour and from the causes so
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DHMH - 16 50M 1/76 (VR A 15 (4))

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能用/(1)		EASED NAME FIRST		WIDOLE		LAST	20. DATE KNOWN OF ESTI	MONTH	DAY Y	ZEAR ZE HOUR	
	(ries	Mil	ion	Α.	Ma	rbury	DEATH MATED	X 9	1 19	80 "	
BUTTE	3 SEX	4 RACE	5. DAT		GE (IN YEARS IF UN	DER 1 YR. IF UNDER 24 HE	RS. 24 DATE PRONOUNCED	HINOM	DAY	YEAR 24 HOUR 38	
22003	m	ale negro	2/	12/15 6	55 YRS.	DATS HOURS MIN	DEAD	9	1 19	80 a w	
STATE OF	g BIR	THPLACE (TIATE OR EIGN COUNTRY)	7b CIT	IZEN OF WHAT COUNTRY?	8. MARR	ED NEVER MARRIED	9 BALTIMORE CITY	_	Y OF DEAT	H	
以外に対し		Md.		S.A.	WIDOW					MD	
199/2		a Plata		ME OF HOSPITAL, NURSING NOT INSUCH ACLUTY GIVESTREET A YSICIANS MEMO			USUAL OCCUPATION IT	YPE OF WORK		DE BUSINESS DUSTRY	
AND STANDS	13a ST			13c CITY OR TO	OWN	13d INSIDE CITY LIMITS? 13e S	Ro STREET ADDRESS Met	ute 1 ropol	Box itan	128 Rd.	
H 1 2 S 2 S S S S S S S S S S S S S S S S	14. FA	THER'S NAME	MIDOLE			IS MOTHER'S MAIDEN NA			LAST		
K CKIND & PA		Samuel	MIDOLE	Marbury Elrich					Marbury		
PAG ORN NO	160. W	AS DECEASED EVER IN U.S. A	RMED FO		SECURITY NO.	17. INFORMANT	Box ADDRE	SS			
AFT TH F ISIO		No	TE WAN ON D		0-6758	Robert Est			d. M	d	
EM 18. C DNG WI ERMIT P.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUSED IMMED	SED BY:	Arteriosc	clerotic	cardiovascula			APPROP	NIMATE IN ERVAL ONSET AND DEATH	
AL.		Conditions, If any, whi		DUE TO, OR AS A CONSEOL	UENCE OF						
WITH LOCK SANS TAL MON		gave rise to immedia	te	(b)							
EXAM JRIAL-TE D MEN L OR RE	4	cause (a) stating the <u>under</u> lying cause last.	-	(c)	UENCE OF						
BE EXECTION OF THE AND A STON WATION	NO	PART 2 OTHER SIGNIFICANT CONDITIO	AS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 a		1			
PEF A	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR WHIC	H OPERATION W	AS PERFORMED?			20 AUTO	OPSY?	
SHC ORD CHI OF I	TIFE								YES	□ NO [X]	
THE WOULD FOULD BARTAEN		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	OW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM	8 PART I OR PAR	T 2)		
WRITING WRITING ARDED AGE 3 SI ATE DEP.	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE OF INJURY 141 STREET, FACTORY, FARM, ETC.)		CATION	CITY OR TOWN	cou	INTY	STATE	
KATE, T KATE, F F FORW TOR: P, THE ST, ND, 212		22a. I certify that I taak cho	arge of the	remains described above, he	eld an Autap		determined manner	and in my opi	inion		
CERTIF CERTIF OLD 86 DIREC WITH AARYLA		ACTUAL MAN	-	D. Udage	, Stillide	TITLE (SPECIFY) Assistant		DATE	9-3	-80	
SHC		SIGNATURE VALUE	40	Ore haden	N	N.D.,N	MEDICAL EXAMINER	SIGNE			
XECUTE AGE 4 O FUNI		TYPE OR PRINT)		ita A. Korell		ADDRESS	enn St.				
- mar - 48	(51	PECIFY)	9/E	5/80 Zac NAME	of CEMETERY C	pel Cem.	Pisgah	Charl	es C	o. Md.	
BP	24 FL	Burial	-/-				. BY REGISTRAR	A. A	rallin	4	
DHMH 17 VR A15 ME (5)) 15M 7 76		NAME	e F.	S.P.A. 130	0 Euta	W PI SFP 8	1980	77"		/	
					- Lille			-	74		

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STATE OF MARYLAND

5 DATE OF BIRTH

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR

CERTIFICATE OF DEATH

REG NO 26 HOUR September

Female OB BIRTHPLACE STATE OF FOREIGN

White Th CITIZEN OF WHAT COUNTRY?

1893 MARRIED | NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS

AGE (IN YEARS LAST BIRTHDAY

126 KIND OF BUSINES OR

Bryantown Md La Plata

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

13c CITY OR TOWN

Marguerite Gibbons Mattingly

WIDOWED DIVORCED Charles Co. Nursing Home

20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Own Home

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
131 CITY OR TOWN Md

Newburg Chas

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

Box

14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

MIDDLE Slyvester Samuel

18 CAUSE OF DEATH Enter only one couse per line for io . ib ond c

LAST

217-36-6434

FIRST

Laura M.

Sarah Rebecca Franklin

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Hyde same as

Charles

IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause (0), stating the underlying couse lost

PART I DEATH WAS CAUSED BY

emalan

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES T

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CHUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

2-120-1

21b. TIME OF INJURY HOUR A.M. MONTH YEAR DAY P.M. 21e PLACE OF INJURY

21 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

AT WORK AT WORK 220 | certify that (1) (this hospital attended, the deceased from.

21d INJURY OCCURRED

AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) maro

STREET

6

10 sow the deceased alive on_ and that in (my) our) apinion death occurred on the date and hour and from the causes stated obove I) (we) (did) (did not view the body after death 226. SIGNATURE DEGREE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN DI DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

Holy Ghost

23d LOCATION

DHMH - 16 60M 1/75

(VR A 15 (4))

\$ g

Burial 24 FUNERAL DIRECTOR

Arehart Funeral Home La Plata, Md

23h DATE

Issue Charles Maryland 250 DATE PETO BY RECEPTRANTES REGISTRANS SIGNATURE

CITY OF TOWN

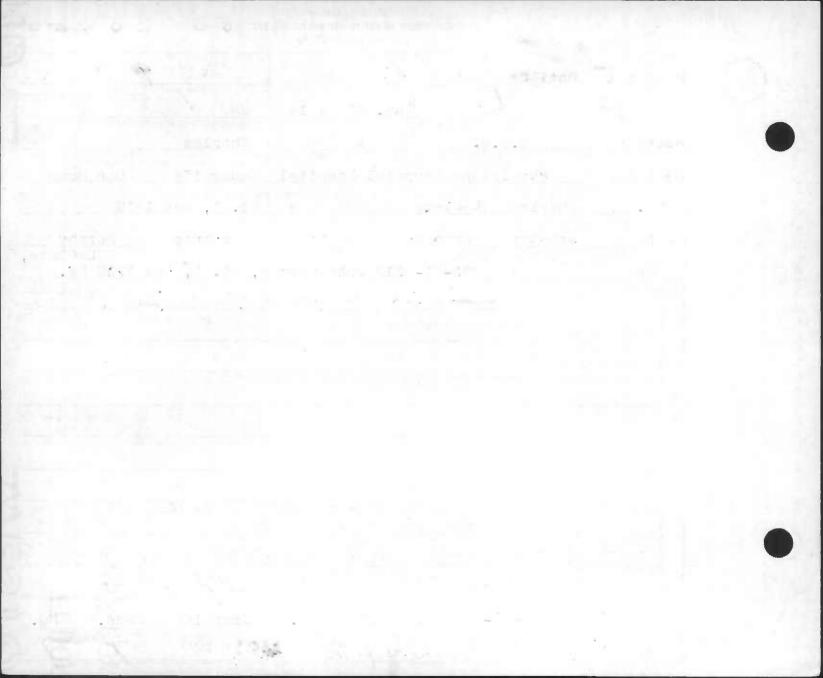
Egmalo Unite 1 Sapt. 47,1891, 417 asiasib was a series of the se Californ Committee Co. Nursing River | Honographer 217-36-8414 Lauren M. hyde game as 115 Bits lyok district the Land Stand Stand Stand Stand Stand

Archart Functal Hope La Plata. Hd: ...

Charles Charles Lo Plata Physicians Country Hounitel Files La Flata, Marylandi | Conce As a monotone To branch

TO HOSPITAL SEATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the haspital as ottending physician.

		ASED NAME		j , .	WIDDLE		FICATE OF DEATH	REG. NO.	DAY YEAR 2h HOL
ITY	PE OF	oaret	Mati	/	**)	m	urphy	Sept.	9 180 11-
3 S	_	darer	The second second	RACE /	/		OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
		E		И		Aug.		66 YR	
		HPLACE (STATE OR FO	DREIGN 76		WHAT COUNT	RY?	ED NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
0		Vland OR TOWN OF DEA	TH 11	U.S.		WIDOW	OR OTHER INSTITUTION	Charles	126 KIND OF BUSIN
		lata		I IF NOT IN SUC	CH FACILITY, GIVE S	TREET ADDRESS	al Hospital	TYPE OF WORK FOR MOST OF WORKING	
USI		RESIDENCE UF NURS		HER INSTITUTION	, GIVE RESIDENCE I	SEFORE ADMISSION			וווטיי וושטן
136		d.	Char		LaP1a		YES NO X	Rt. 1. Box	1219
14 F		HER'S NAME	MIC	DOLE	LAST		15 MOTHER'S MAIDEN NA	ME	LAST
		hn	Webs	ter	John	son	Florence	Frances	Murphy
		S DECEASED EVER	IN U.S. ARME	ED FORCES?	166 SOCIALS	SECURITY NO	17 INFORMANT	ADDRESS	LaPla
De Jed		No			220-2	8-631	3 John Murp!	ny, Rt. 1, Bo	
e.	- 1"	PART I DEATH W	AS CAUSED	BY	Time for yay, 16	, and ic.	Mass	en adda. T	BETWEEN ONSET AND
6	1	11 1 11	IMMEDIATE	CAUSE (o)	2000	200	100 go car	act which	50
ator.		410-		DUE TO, O	R AS A CONSE	EQUENCE OF	0	V	
500		Conditions, if ony,	which						
£ .				(b)-					
	1	gove rise to imm couse (a), statin underlying couse	nediate ig the)	R AS A CONSE	EQUENCE OF			
or other tra		gove rise to imm cause (a), statin underlying cause	nediate ig the last	DUE TO, O			T NIOT DEL ATED TO THE TED	AINAL DISEASE OR CONDITION	C S/EN IN SAPT I/a
y, or other	F	gove rise to imm cause (a), statin underlying cause	nediate ig the last	DUE TO, O			T NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION (GNEN IN PART I(o)
y, or other	F	gove rise to imm cause (a), statin underlying cause	nediate ig the last NIFICANT CO	DUE TO, O	Ontributing	TO DEATH BU	I NOT RELATED TO THE TER/	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USE
	F	gove rise to imm couse (a), statin underlying couse	nediate ig the last NIFICANT CO	DUE TO, O	Ontributing	TO DEATH BU		20a AUTOPSY? 20b IF	
ERTIFICATION	F 15	gove rise to immocouse (a), stating underlying couse PART 2 OTHER SIGN DO DATE OF OPERA	nediate g the lost NIFICANT CO	DUE TO, O (c) NDITIONS CI 19b. COND	ONTRIBUTING ONTRIBUTING	TO DEATH BU	ON WAS PERFORMED	200 AUTOPSY? 201 IF	YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO
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nem to snows any injury, or americal CAL CERTIFICATION	199 199 2	gove rise to immorate immorate	nediate ig the lost NIFICANT CO TION DERLYING CAUSE OF DEATH AL EXAMINER) RED	DUE TO, O (c)	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	TO DEATH BU HICH OPERATIO DAY YEAR 19	216 HOW INJURY OCCUI	206 AUTOPSY? 206 IF	YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO [18, PART I OR PART 2]
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Hitem 21 is marked at them 18 shows any injury, at other them 21 is marked at them 18 shows any injury, at other them 21 is marked at them.	2 2 2 2 2	gove rise to immodule to immod	DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital ed alive on did) (did not)	DUE TO, O (c) 19b. COND 21b TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING ONTRIBUTING OF INJURY M. MONTH M. OF INJURY OF I	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET Degree ATTENDING PHYSICIAN	20e AUTOPSY? 20b IF YES NO PHOCER RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and the d	YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO [18. PART 1 OR PART 2] COUNTY S 19 10 that (1) (1) have and from the causes st
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	within
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	ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death

TO HOSPITAL CHATTENDING PHYSICIAN The retained by the hospital or attending physician

	_	FOR STATE REGISTRAR				CERT IF	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	REG. N		3 4	2 6
		OR PRINT)	RST.		AIDDLE		AST	24 DATE OF DEATH		7 6 7 6	2h HOUR
		Josep			lark	Ros		September		80	12:50
3	SE)	Male		ace aucas:	ian	Mar	DAY. YEAR	6 AGE IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
15	CC	RTHPLACE (STATE OR FOREIG		J.S.A	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	harles		OF DEATH	M
2	10 CI	La Plata	11.	NAME OF H	OSPITAL, NURSIN HEACHITY, GIVE STREET LCIANS ME	G HOME C ADDRESS! MOTIA	1 Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE!	INDUSTRY	CAL 77
200	130 5		COUNTY Char		GIVE RESIDENCE BEFORE I3c CITY OR TOWN Indian	N.	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 104 Cir	cle Av	venue	
		THER'S NAME	Will:	lam	Ross		IS MOTHER'S MAIDEN NA		zabeth	n C	lark
1	17	/AS DECEASED EVER IN LES, NO OR UNKNOWN)	J S. ARMED YES, GIVE WAR	FORCES? OR OATES)	579-26		I Isabelle	R. Ross s		3 13	
		18 CAUSE OF DEATH (E	nter only or	ne couse per	line for 101, 161, one		rcol			BETWEEN	MATE INTERVAL ONSET AND DEATH
	NOI		ote The DST	(c)	RASA CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVER	N IN PART 10	01
2	CERTIFICATION	190 DATE OF OPERATION	1	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES YES		NGS USED S OF DEATH?
~~	-	218 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OI HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	T I OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21s PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 L certify that (I) (the saw the deceased a above, (I) (we)-(did)	live on	8-2	S- 10 S	32 . or	od that in (my) (mur) opinion	death occurred on the d	ote and hour c	-	that (I) (we) los couses stated
		226 SIGNATURE	M	ath		- 1	M.D. ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22¢ DATE 9-2	6-80
		Girija Rath					Walderf,	Maryland	20601		
	-	URIAL, CREMATION, REM	OVAL 23	b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION			
2	1.0	rial		9-28-	80 Tr	init	y Mem.Garde	ens Waldor	f, Ch	arles	, Md.

77 1.201 EV - 107 EV

Lower Special

	(1	W)	
	h. Page	al direct	nce.
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page Liveretained by the hospital at attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled within 72 hours in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be partitled at ance.
ARICANO	within 24 ha	pletely filled ind 2 should be	omine/ must b
ALIMORE, M	e be executed	cion and com ers. Pages 1 o 1.	the medicol ex
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DALLINGRE, MARIETANO 21203	eoth certificot	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	umotic event,
701 W. T.R.	es that the de	please remov	r, or other tra
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3	0	2	3	2	
CERTIFICATE OF DEATH		REG. NO.				

1	STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Mad	oline		anders	September 7	1 80 10:45AM
3 SE	X	4 RACE	MADO S DATE (OF BIRTH V	& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	Whit	e Augu	st 22.1903	77 YRS	
70 B	inthplace istate or foreign		WHAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	Mar Araud	U.S.	A. WIDOWI	ED DIVORCED	CHARLES	MD
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (JICH FACILITY, GIVE STREET AGORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF INSURANCE Age	126 KIND OF BUSINESS OR INDUSTRY Ent Retired
	LAPLATA		TANS MEMORIAL.	HOSPITAL.	Tilibut alice Age	sic kectred
130	STATE 136 CC		13c CITY OR TOWN	13d INSIDE CITY LIMITS?	130 SREELADDOS 1, Sp.	ring Hill
1		harles	La Plata	YES NO X	P.O. Box N	
14. F.	ATHER'S NAME FIRST	MIDOLE	LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	AST
	Frank E	. Cook	sey	Annie	Albri	ttain
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.		.O. Box APPRESSLa	
	N•		213-38-3314	Edward L	. Sanders, Jr	Son
	18 CAUSE OF DEATH Enter	only one cause pe	er line for jaily by and c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAL	JSED BY DIATE CAUSE (O	Uremi	~		
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	underlying cause last	000 10.0	DR AS A CONSEQUENCE OF			
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CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
1 E						YING CAUSES OF DEATH?
ER -	210. ACCIDENT WAS UNDERLYING		OF INJURY	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF	OF WILL	A.M. MONTH DAY YEAR			
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	21f. LOCATION		
M	WHILE NOT WHILE AT WORK	I AT HOME, S	TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify tha (1) (this ho	ispital) ottended t	he deceased fram			19.80 that(I) (we) last
	sow the deceased alive abave (1) we (did) did	on 9-1	Valter death	nd that in (my) (our) opinion	deoth occurred on the date and hou	r and from the causes stated
	226. SIGNATURE	B		DEGREE		220 DATE SIGNED
	1 Juny	7 / Ju	rh, us	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-11-80
1	220. PHYSICIAN'S NAME (TYP	PE OR PRINT	9	22e ADDRESS		1,,00
	HENRY I. BURK	E. M.D.		LAPLATA, MA	ARYI,AND	
23a	BURIAL, CREMATION, REMOV		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial	9/13	/1980 St. J	Toseph's Cer	metery, Pomfret	, Charles, Md.

DHMH - 16 50M 1/76

BP.

(VR A 15 (4))

Burial
PA FUNERAL DIRECTOR
Aremart I Funeral Home, Inc. La Plata, Md. SEPI

1980 Listrar Solghature

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FOR - STATE

DHMH - 17 (VR A15 ME (5))

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ADDRESS 211 St. Mary's Ave Company and December 21 St. Mary's Ave Company and Dece Arehart Funeral Home, Inc., La Plata, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE

ned by the ottending physician and completely filled in by the funeral director, p please remove carbanpopers. Pages 1 and 2 should be filed within 72 hours ofter

injury, or other froumotic event, the medical exam

should be detoched for use as the burial-transit permit. Then please remove corbangapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG	3 NO		
	CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
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3 SE	Κ	4 RACE		S. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
	male	Black		July	15, 1901	79	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	9	D A NEVER MARRIED	9 BALTIMORE CI		Y OF DEATH	
	rvland	U.S.A		WIDOWE		CI	narles		MD
10 C	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCU		176 KIND C	F BUSINESS OR
-	Plata	Physic	ians Memo	rial	Hospital	CORETEU	ction	FE) INDUSTRY	
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 135 COUNTY)	VTY	13c CITY OR TOWN Newbur	V	134 INSIDE CITY LIMITS?	Route	Ss Box	131D	
14. FA	THER'S NAME	MIDDLE	1241		15 MOTHER'S MAIDEN NA			LAS	
Jai	mes	I. Thon	nas Sr.		Millie V	Wells	ve .	183	
	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	218-12-		Maggie M.	Thomas	Ress Newsar	l Boxl	3 1862
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	276.1 certify that (1) (this hospins on the deceased drive on above, 41) (we) (did not 276.5) GNATURE	8/11	10 3	50,00	nd that in (my) (our) opinion DEGREE ATTENDING PHYSIGTAN	deoth occurred on t			
+	220 PHYSICIAN'S NAME (TYPE O	R PRINT)	HPA.	Sen	220 ADDRESS	nur (130	da (110	Or on

DHMH - 16 50M 1/76

BP.

24 FUNERALDIRECTOR Thornton (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL Burial

231. NAME OF CEMETERY OR CREMATORY ADDRESS Pomonkey, Md. Upate Re 1986 ISTRA PLANTING Charles 236 DATE Aug. 14, 1980

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	- 5	OR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
	1 DECEASED NAME (TYPE OR PRINT) JOSEP			MIDDLE LAST 20 DATE KNOWN X MONT OF ESTI-					22 ₁₉	80 PAR 25 HC	DUR		
	3 SEX	Le	4 RACE white	S DATE OF BIRTH MONTH DAY YEAR 12/10/41 S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 9 22 19 80						80 7d HC	OUR		
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2				11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (# NOT IN SUCH FACILITY. GIVE STREET ADDRESS) Physicians Memorial Hospital ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					ORIND	USTRY			
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		220. I certify that I taak charge of the remains described above, held an Autopsy (X), Inspection . Inquiry ., and in my opinion death resulted fram: Natural causes X), Accident ., Suicide ., Hamicide Undetermined manner											
		ACTUAL SIGNATURE EXAMPLES	PLAME AND	M. Dixon	, M.D.	N	Assis	tant MED	enn St.	DATI	E 9-2	23-80	
	24 FU	JNERAL DIRECT	TION,REMOVAL 2 Irial TOR	9/26/80	236. NAME OF C St. Ma 211 St.	ry's Mary	Ch. C	em Ne	OCATION PORTOWN PREGISTRAR 25b J IJOU	Charl REGISTRARS	es Ma	state rylar	nd.

La Plata, Md.

BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

Arehart Funeral Home

COLUMN DE LES MONTES DE LES SON The state of the s TEL SOCIETA IN LINE DEMONSTRATE LANGUE LANGUE LA LANGUE Service and Company and and are passed to the form THE WAS TO SELECT THE PARTY OF MALESTA REAL PROPERTY.

H		STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U 2 3 4 3 1 CERTIFICATE OF DEATH REG. NO.						
		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	1 2	William Wesley Tomlinson, Sr. September 22,1980 2:05 M						
	MIN H	SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF SINDER 1 YEAR IF UNDER 24 HRS						
	a E	Male Cau. Jan. 11, 1920 60 YRS MIN DAYS HOURS MIN						
	0 = 0 mm	BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8						
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ARYLAND 2120	within 24 hours pletely filled in E AA2 should be fi	JUNIAL RESIDENCE (IF NURS.) Jac STREET ADDRESS Jac STREET ADDRES						
×	The second of th	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS						
IMORE	on ond S. Pages	Yes WW II 266-12-5216 Margaret L. Tomlinson same as 13						
., BALT	physicia npapers movel.	18 CAUSE OF DEATH (Enter only one couse per line forgo), (b), and (c)) PART I. DEATH WAS CAUSED BY. (A) HOLD OF THE PART ONSET AND DEATH STIMP ON SET AND DEATH (A) PART I. DEATH WAS CAUSED BY. (B) MAREDIATE CAUSE (o). (C) HOLD OF THE PART ON SET AND DEATH (C) HOLD ON SET AND DEATH						
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AL RECO	hos bee to prior	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 186. NO						

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M.

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

ATTENDING

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

80 SCD that (I) (we) lost and that in my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

9-23-80

224 PHYSICIAN'S NAME (TYPE OR PHATE

NOT WHILE AT WORK

above, (1) (we) (did) (did not) New the bo

21d. INJURY OCCURRED

AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 7801 Old Branch Avenue

Gardens

MEDICAL

Kai-yiu Yeung, Clinton, Maryland 73d LOCATION CUIVORTOWN COUNTY COUNTY COUNTY Md. 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY

DEGREE

Burial 24 FUNERAL DIRECTOR

226 SIGNATURE

Trinity Mem.

CITY OR TOWN

STAFF

DHMH 16 60M 1.73 (VR A 15 (4))

ATTENDING PHYSICIAN: The ospital or attending physicia

TO HOSPITAL OR ATTEN

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-transsite with the State Dept. of Health and Mental Hygi IMPORTANT: If them 21 is marked on-item. IB sh

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MEDICAL

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Huntt Funeral Home Waldorf, Maryland

9-25-80

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